

Submit this form and required attachments directly to the apartment complex that you are interested in.



**CITY OF SUNNYVALE
BELOW MARKET RATE (BMR) RENTAL HOUSING PROGRAM**

WAITING LIST APPLICATION

The information you provide on this form will be utilized to determine your place on the Waiting List to rent a Below Market Rate (BMR) unit. Please complete the form, attach the required documentation listed in the application, and submit it directly to the apartment complex you are interested in. Please note, Housing staff does not maintain a waiting list for any apartment complex in the City. Each property manager maintains a separate waiting list for their development and will determine the applicant's eligibility to rent a BMR unit.

Property Address: _____

Unit Size Desired: Number of Bedrooms _____

Waiting List Application Date: _____

I. APPLICANT(S) CONTACT INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Current Address: _____

Total Number of Household Members: _____ Total Household Annual Income \$ _____

Total Number in Household with Employment or other Income: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-Mail Address: _____

Name of Employer(s): _____

II. PRIORITY PREFERENCE POINTS

Do not check below if no third party documentation of your local employment or residency is available.

☐ I wish to apply for priority preference. I live or work in Sunnyvale.

PRIORITY PREFERENCE DOCUMENTATION (Must include with Application)

Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale	<ul style="list-style-type: none">• Copies of current leases, residential telephone, PG&E or water bill with Sunnyvale Address, in Applicant's name• Signed tax returns
Work in Sunnyvale	<ul style="list-style-type: none">• Copies of paycheck(s), Employment Verification Letter from HR Dept.• Complete signed copy of Tax Returns including W-2's and 1099's

III. CERTIFICATIONS OF APPLICANT(S)

I/We understand that:

- _____ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential.
- _____ B. Verifiable documentation supporting the statements made herein is required prior to renting a BMR Unit.
- _____ C. If there are any false statements, or misrepresentations made on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- _____ D. That the information provided in this application is true and correct, and complete to the best of my knowledge. I have not knowingly omitted any pertinent information.
- _____ E. That the combined household income is below the maximum household income limit for my household size.
- _____ F. That I/We will occupy the BMR Rental unit as my/our primary residence.
- _____ G. That I/We have U.S. Citizenship or Permanent Legal Residency as required in Sunnyvale BMR Program Guidelines.

Executed the _____, day of _____, 20____ in the City of Sunnyvale, California.

_____ <i>Applicant Signature</i>	_____ Date	_____ <i>Co-Applicant Signature</i>	_____ Date
_____ Print Full Name		_____ Print Full Name	